## Application or Docket Number

2957

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			フラ		H. 16	. ASTACLE		RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			7ら minus 20=		· 55			X\$ 9=		OR	X\$18=	490	
INDEPENDENT CLAIMS			15 mi	nus 3 =	12			X40=		OR	X80=	960	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+135=		OR	+270=		
* If	the difference	in column 1 is	less than zero, enter "0" in column 2					TOTAL		OR	TOTAL	2660	
	CI		AMENDED - PART II								OTHER THAN		
	Sangularan kabupatén Ka	(Column 1) CLAIMS		(Colui		(Column 3)	l r	SWALL		OR	SWALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X40=		OR	X80=		
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	TIPLE DEPENDENT CLAIM				+135=		OR	+270=		
								TOTAL		OR	TOTAL ADDIT. FEE		
		•	ADDIT. FEE			ADDII. 1 EE							
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	- OL A 184	-	]	X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+270=		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colu		(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	ï	
	Independent	*	Minus	***		<u> </u>	11	X40=		OR	X80=		
	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	T CLAIM		<b>J</b>	+135=			L		
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
	The "Highest Nur	hor Proviously Pa	id For" (Total o	r Independ	lant) is the	highest numbe	er fol	ind in the ani	ropriate bo	x in co	lumn 1.		